

AUG 14 2015

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA

U.S. DISTRICT COURT
WESTERN DISTRICT OF NC

Linette Gilliam Tucker

Plaintiff,

COMPLAINT

vs.

Case No. 3:15cv 372 (GCM)

Dr Thomas Brown

Defendant(s).

A. JURISDICTION

Jurisdiction is proper in this court according to:

42 U.S.C. §1983

42 U.S.C. §1985

☒ Other (Please specify) medical

B. PARTIES

1. Name of Plaintiff: Linette Gilliam Tucker
Address: 1901 Pine Mountain Rd
Char NC 28214

2. Name of Defendant: Dr Thomas Brown
Address: 4016 Triangle Drive
Char NC 28208

Is employed as chiropractic physician at Keith Clinic
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES _____ NO ☒, if "YES" briefly explain:

3. Name of Defendant: Dr. Thomas Brown
Address: 4016 Trangle Dr
char NC 28208

Is employed as Chiropractic Physc at Keeth Clinic
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES _____ NO _____, if "YES" briefly explain:

4. Name of Defendant: _____
Address: _____

Is employed as _____ at _____
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES _____ NO _____, if "YES" briefly explain:

(Use additional sheets if necessary.)

C. NATURE OF CASE

Why are you bringing this case to court? Please explain the circumstances that led to the problem.

wrong
The setting of a machine used to
correct a bruise on my chest area which was
caused by a car accident caused injury to my heart,
after the treatment they had given me for a period
of thirteen days, I was rushed to the emergency room.

D. CAUSE OF ACTION

I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

- a. (1) Count 1: _____
(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)

- b. (1) Count 2: _____
(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)

E. INJURY

How have you been injured by the actions of the defendant(s)?

my heart was injured there was nothing
wrong before they used a Dia Themy
on me and now the electrical system
of my heart is messed up.

F. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action? YES _____ NO ✓

If your answer is "YES", describe each lawsuit. (If there is more than one lawsuit, describe additional lawsuits on additional separate pages, using the same outline.)

1. Parties to previous lawsuits:

Plaintiff(s): NA

Defendants(s): _____

2. Name of court and case or docket number:

3. Disposition (for example, was the case dismissed? Was it appealed? Is it still pending?)

NA

4. Issues raised:

NA

5. When did you file the lawsuit?

Date: Month/Year

6. When was it (will it be) decided?

NA

Have you previously sought informal or form relief from the appropriate administrative officials regarding the acts complained of in Part D? YES _____ NO ✓

If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was not sought.

G. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

Two Million Dollars

\$2,000,000

JURY TRIAL REQUESTED

YES ☒

NO ☐

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained therein is true and correct. 28 U.S.C. §1746; 18 U.S.C. §1621.

Executed at

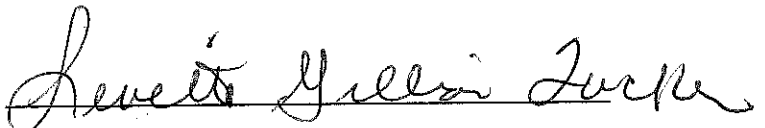
Charlottesville

on

8/4/15

(Location)

(Date)



Signature